

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35078-H2-11 00-35080-H2-11	Creditor ID#: 788-6966 <div style="text-align: center;"> United States District Court Southern District of Texas AUG 21 2000 Michael N. Milby, Clerk </div>
Name of Creditor (The person or other entity to whom the debtor owes money or property): Big Horn County Montana Mildred E. Kahler		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 590 Big Horn County Montana Mildred E. Kahler PO Box 908 Hardin MT 59034-0908 		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: PPL 0006		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: Personal Property for the year 2000		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1,179.47 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: - The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court-Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		001321	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 8-17-2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Mildred E. Kahler - Big Horn County Treasurer Mildred E. Kahler - Big Horn County Treasurer		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

Big Horn County, Montana

Tax I.D. PPL0006

Name/Address

Property Description

SPECIALTY RETAILERS INC STAGE STORE #598
 % HARDING AND CARBONE INC
 attn: HARDING WB JR
 dba STAGE STORE #598
 3903 BELLAIRE BLVD
 HOUSTON TX 77025-1119

Year	Date	1st Half	Penalty	Interest	Due	Paid	2nd Half	Penalty	Interest	Due	Paid
2000	06/09/2000	1,179.47			1,179.47						
1999	06/03/1999	2,344.09				07/07/1999					
1998	05/29/1998	282.72				06/29/1998					
1997	05/23/1997	481.55				06/16/1997					
1996	05/31/1996	570.25				06/24/1996					
1995	06/23/1995	625.77				07/18/1995					
1994	05/27/1994	269.45				07/05/1994					
1993	05/31/1993	600.79				06/24/1993					
1992	05/27/1992	662.05				06/30/1992					
1991	05/30/1991	874.50				11/20/1991					11/20/1991
1988	06/10/1988	820.43				07/28/1988					07/28/1988
Total Due As of 06/01/2000										1,179.47	

03/23/00
15:01:47

22

2000

BIG HORN COUNTY
BUSINESS EQUIPMENT VALUATION
SUMMARY OF VALUE

2000

BEV03316.1

ASSESS CODE
000PPL0006

STAGE STORE #598
SPECIALTY RETAILERS INC STAGE STORE #598
3903 BELLAIRE BLVD
HOUSTON TX 77025-1119

LEVY DIST
0023

CNTY DIST
7HC

TYPE
BUSN
5310

SNR
Y

R R F
R A A
Y

LEGAL OWNER: HARDING AND CARBONE INC

CONTACT: HARDING WB JR
PHONE: (713) 664-1215

FAX: (713) 664-2928

(1) 00618 N CENTER AVE

HARDIN

----- PROPERTY CLASS RECAP -----

	CLASS	QUANTITY	MKT VALUE	RATE	TXBL VALUE	PER CAP TAX
FURNITURE & FIXTURES	6311		93,803	3.000	2,814	
SUPPLIES & MATERIALS	6519		450	3.000	14	
LOCATION TOTALS			94,253		2,828	.00

----- PROPERTY DETAIL -----

* * * COMMERCIAL PROPERTY * * *

R	TB	SB	QTY	DESCRIPTION	YR ACQ	ACQ COST	M 0	PCT GD	MKT VALUE
01	51			SUPPLIES & MATERIALS		450			450
03	01			COMPUTER EQUIPMENT	97	819		17	139
03	01			DATA PROCESSING	98	11,347		43	4,879
09	49			MISC FURNITURE & FIXTURES	97	14,121		77	10,873
09	49			STORE EQUIPMENT	98	5,586		84	4,692
09	49			FIXTURES	98	84,632		84	71,091
09	49			FIXTURES	99	2,314		92	2,129

PROPERTY REPORTING FORM

BIG HORN COUNTY

As of January 1, 2000

Assessment Code DDOPPL0006

Geocode 22

Levy District 0023

County District 7HC

☐ Aggregate

STAGE STORE #598

SPECIALTY RETAILERS INC STAGE STORE #598

3903 BELLAIRE BLVD

HOUSTON TX 77025-1119

Business Location 00618 N CENTER AVE

Square Footage of Business Area _____

Number of Years in Business _____

Type of Business _____

Contact Name HARDING WB JR

Phone number (713) 664-1215

Fax # (713) 664-2928 Cell # _____

E-mail Address _____

Please check and give the requested information if any of the following statements apply:

☐ Business Closed (When?) _____

☐ Business/Farm/Ranch was Sold (To Whom?) _____

☐ Business/Farm Equipment or Livestock Moved (New Location?) _____

List additions or deletions of buildings, mobile homes or changes in land use. _____

INSTRUCTIONS: Attached is a list of the personal property items on file at BIG HORN County for the above identified business and owner. Please review and correct the information. Draw a line through items of property you no longer own and add additional items of property on the spaces provided. **YOU MAY PROVIDE AN ASSET LISTING FOR YOUR CONVENIENCE.**

1. All business equipment even if fully depreciated on your Federal Income Tax records, must be reported. The installed acquired cost and acquired year reported on this form should agree with the acquired cost and year used on your federal income tax return.
2. If you operate at more than one location within the county, a separate form should be completed for each location.
3. Sign and date the affidavit at the bottom including your Federal ID # if applicable (or Social Security #) to the Montana Department of Revenue (formerly the Appraisal/Assessment Office).
4. Unless you request an extension, you must file within 30 days of receiving your reporting form (February 10th if reporting livestock) or you will be subject to penalties. Late reporters are subject to a \$25.00 late charge (per MCA 15-8-309) in addition to a 20% penalty for failure to report (per MCA 15-1-303).
5. **THIS RETURN IS SUBJECT TO AUDIT BY THE STATE OF MONTANA, DEPARTMENT OF REVENUE.**

RETURN THE COMPLETED FORM WITHIN 30 DAYS FROM RECEIPT.

AFFIDAVIT OF PERSON LISTING THE WITHIN

I declare, under penalties of perjury, that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Prepared by W. B. HARDING, JR.

Preparer's Signature W. B. Harding, Jr.

Preparer's Telephone # 713-664-1215

Name of Legal owner SPECIALTY RETAILERS, INC.

Name of Business STAGE STORE #598

BUSINESS FEIN 74-0821900

Owner Social Security # _____

Signature _____

SEAL
COUNTY CLERK
BIG HORN COUNTY

For Office Use
OnlyVALUE OF SUPPLIES ON HAND JANUARY 1ST \$ 450.00

* * * COMMERCIAL PROPERTY * * *

TB	SB	QUANTITY DESCRIPTION	YEAR ACQUIRED	ACQUIRED COST
01	51	SUPPLIES & MATERIALS		450
03	01	COMPUTER EQUIPMENT	97	819
09	69	MISC FURNITURE & FIXTURES	97	13,872 14,121
03	01	DATA PROCESSING	98	11,347
09	69	STORE EQUIPMENT	98	5,586
09	69	FIXTURES	98	84,632
		<u>FIXTURES</u>	<u>99</u>	<u>2,314</u>

INSTR
the Dep
and con

FOR RETURNING FORM BY MAIL. Fold ALL WHITE PAGES of t
of Revenue office address below is showing. Staple or tape the form
return address. **POSTAGE IS REQUIRED.**

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 390 829 560

MAIL

From **HARDING AND CARBONE, INC**
3903 BELLAIRE BLVD
HOUSTON, TEXAS 77025

Check here if this is a new address: ☐

BIG HORN COUNTY
DEPARTMENT OF REVENUE OFFICE
PO BOX 908
HARDIN MT 59034-0908

FEB 05 2000